

SYLVE CASTLE

PLAINTIFF/PETITIONER/MOVANT'S NAME

C-82790

PRISON NUMBER

KERN VALLEY STATE PRISON

PLACE OF CONFINEMENT

P.O. BOX 5102, DELANO, CA. 93216

ADDRESS

2254	1983	<input checked="" type="checkbox"/>
FILING FEE PAID		
Yes	No	<input checked="" type="checkbox"/>
HP MOTION FILED		
Yes	No	<input checked="" type="checkbox"/>
COPIES SENT TO		
Court	ProSe	<input checked="" type="checkbox"/>

<b>FILED</b>
FEB 21 2008
CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY <u>RM</u> DEPUTY

United States District Court  
Southern District Of California

**'08 CV 0347 DMS POR**

Civil No. \_\_\_\_\_

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

SYLVE CASTLE

Plaintiff/Petitioner/Movant

v.

M. AMIELL ET AL

Defendant/Respondent

MOTION AND DECLARATION UNDER  
PENALTY OF PERJURY IN SUPPORT  
OF MOTION TO PROCEED IN FORMA  
PAUPERIS

I, SYLVE CASTLE

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration KERN VALLEY STATE PRISON

Are you employed at the institution?

☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.] (YES)

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/A

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. UNDER SECURITY INCORPORATION

(B) 400 CLEVELAND SWO WILKES 1719 WEST COMMONWEALTH LOS ANGELES CA 90012

3. In the past twelve months have you received any money from any of the following sources?:

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. N/A

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N/A

b. Present balance in account(s): N/A

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N/A

b. Present balance in account(s): N/A

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: N/A Year: N/A Model: N/A

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? N/A

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value.

N/A

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A NO

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

N/A

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

SIGNATURE OF APPLICANT

*Dyann Cab...*

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, SYLVE CASILL C-82790, request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.)  
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$150 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

2/14/08

DATE

Sylve Casill

SIGNATURE OF PRISONER

CASTLE

Petitioner

**DECLARATION IN SUPPORT  
OF REQUEST  
TO PROCEED  
IN FORMA PAUPERIS**

Respondent(s)

I, SYLVE CASTLE, declare that I am the petitioner in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

1. Are you presently employed? ☐ Yes ☒ No

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer. N/A

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received. UNDER SECURITY INC. \$400 EVERY TWO WEEKS 1719 WEST COMMONWEALTH LOS ANGELES, CA 90012

2. Have you received, within the past twelve months, any money from any of the following sources?

- a. Business, profession or form of self-employment? ☐ Yes ☒ No
- b. Rent payments, interest or dividends? ☐ Yes ☒ No
- c. Pensions, annuities or life insurance payments? ☐ Yes ☒ No
- d. Gifts or inheritances? ☐ Yes ☒ No
- e. Any other sources? ☐ Yes ☒ No

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months: N/A

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts)

☐ Yes ☒ No

If the answer is yes, state the total value of the items owned: N/A

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property? (Excluding ordinary household furnishings and clothing) ☐ Yes ☒ No

If the answer is yes, describe the property and state its approximate value: N/A

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support: N/A

I, declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Executed on 2/5/08  
Date

Dy. Du Cast  
Signature of Petitioner

#### CERTIFICATE

I hereby certify that the Petitioner herein has the sum of \$ 0 on account to his credit at the Kern Valley State Prison institution where he is confined. I further certify that Petitioner likewise has the following securities to his credit according to the records of said institution: N/A

2/8/08  
Date

T. Bruggs, Asst. Warden  
Authorized Officer of Institution/Title of Officer

REPORT ID: TS3030 .701

REPORT DATE: 02/07/08

PAGE NO: 1

## CALIFORNIA DEPARTMENT OF CORRECTIONS

KERN VALLEY STATE PRISON

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU FEB. 07, 2008

ACCOUNT NUMBER : C82790

BED/CELL NUMBER: FBB500000000122W

ACCOUNT NAME : CASTLE, SY LEE

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT  
AVAILABLE  
BALANCE

0.00



THE WITHIN INSTRUMENT IS A  
CORRECT COPY OF THE TRUST  
ACCOUNT MAINTAINED BY THIS OFFICE.  
ATTEST:

CALIFORNIA DEPARTMENT OF  
CORRECTIONS AND REHABILITATION

BY Y. S. [Signature]  
TRUST OFFICE